

**Allina Health** 

**Emergency medical services  
provider perspectives on pediatric  
calls: A qualitative study**

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January 11, 2018

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**Disclosures**

- No conflicts of interest
- No financial support
- Study protocol approved by Allina Health IRB



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**Background**

- Helping professions vulnerable to stress-related disorders and professional burnout.
- Pediatric calls ranked most stressful.
- Four topics of inquiry:
  1. What elements make pediatric calls difficult?
  2. What do you do to prepare for pediatric calls?
  3. What do you do to cope with difficult calls?
  4. What support resources do you utilize?  
What resources do you suggest?



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## Setting

- Allina Health Emergency Medical Services
  - Large EMS service in Minnesota
  - ~600 clinicians and support staff
  - Services include 911 & interfacility transport
  - Dispatch center



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## Methods

- 6 focus groups, 2 hours each
- Eligibility:
  - Allina Health EMS EMTs or paramedics
  - Not a supervisor, manager, or field training officer
  - Not on probationary status
- Content audio-recorded, transcribed, analyzed



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## Results

- N=17 participants
  - Mean EMS tenure: 11 years
  - Mean Allina tenure: 8 years
  - Mean Age: 36.5 years
  - Mostly metro area providers



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### What elements make pediatric calls difficult?

- Social Value of Children
  - Innocence
  - Environment is controlled by adults in their lives
  - Traumas and deaths feel preventable
  - Potential years of life lost

“...any time a kid is involved...they just have that factor of they can't save themselves...I don't know how to describe it other than innocence.”

- Clinical Difficulties
  - Pediatric calls are infrequent
  - Specialized dosages and equipment
  - Unfamiliar with communicating and interpreting children



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### What elements make pediatric calls difficult?

- Nature/Type of call
  - Psychiatric
  - Abuse
  - Medically complex (“high-tech”)
- Parents
  - Secondary patient to “manage”
  - Sometimes responsible for the child's trauma/situation
- Personal connection to children in the provider's life

“All I could think about was how my daughter, five years old, her world is filled with exploring and adventure and Barney, everything that's good and fun and friendly and all that, and the living hell that this other five-year-old girl had apparently gone through cost her her life”



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### What do you do to prepare for pediatric calls?

- Review
  - Protocols
  - Dosing
  - Equipment use and location
- Reframing from emotional to technical

“Take a breath. It's hard. We have to walk in being that calming force ...if it's a pediatric arrest, my peace of mind is knowing that I've looked at the protocol, I know what I'm doing, I know what my drug dosages are.”



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### What do you do to cope with difficult calls?

- Reviewing the call with others
  - Crew partner, family, peers
  - What went well and what didn't
- Engage in activities
  - Acknowledged substance use is often concurrent with these
- Sarcasm or dark humor
- Purposeful separation of work and home life

*"I try to make sure I have one day a week where I'm not doing anything EMS, nothing at all, just taking the kids to the park and doing something completely shutting that part off for a day"*




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### What resources do you utilize?

- Peer/colleague support
 

*"You get to know these people pretty well, unless you're working with a new person or someone you don't know...I wouldn't talk to them at all, but my next shift on with my partner who we chose to work together, yeah, we talk about stuff all the time."*

*"You can just tell they [colleagues] feel just a little bit better after telling you about it."*
- EMS chaplain
- Critical Incident Stress Management sessions
  - Pros and cons




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### What resources do you suggest?

- Pediatric bag
- More required training in pediatric care (e.g. PALS)
- Improved mechanisms for clinical feedback (e.g. "peer forum")
- Additional relational support from supervisors and managers, i.e. more compassion
- Recovery break after a difficult call
  - Option currently exists, but some were unaware
  - Noted barriers: burdening other trucks, worry about being judged
  - Should be mandatory or more strongly endorsed




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## Key Takeaways

- Consider additional training and offering technology aids to assist with clinical practice
- Participants really value feedback and want more of it
- There is an underutilization of available support resources - culture may be contributing
- Power of the ask - a tangible demonstration of your investment in crews



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## Limitations

- Focus group-specific:
  - Participants are not a random sample
  - Results not generalizable
- Study-specific:
  - Difficulty recruiting non-metro/rural clinicians



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## Questions?

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Allina Health Emergency Medical Services  
Research



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